

UNITED STATES DISTRICT COURT

for the

Northern District of California

The City of Providence, Rhode Island

Plaintiff(s)

v.

Jazz Pharmaceuticals PLC; Roxane Laboratories,
Inc.; West-Ward Pharmaceuticals Corp.; Hikma Labs
Inc.; Hikma Pharmaceuticals USA Inc.; and Hikma
Pharmaceuticals plc*Defendant(s)*

Civil Action No. 20-4064

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

See Attachment A

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeff Westerman
16133 Ventura Blvd., Suite 685
Encino, CA 91436

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 20-4064

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

ATTACHMENT A

JAZZ PHARMACEUTICALS PLC
c/o CT Corporation System
818 West Seventh Street, Suite 930
Los Angeles, CA 90017

HIKMA PHARMACEUTICALS PLC
c/o CT Corporation System
818 West Seventh Street, Suite 930
Los Angeles, CA 90017

HIKMA PHARMACEUTICALS USA INC.
c/o CT Corporation System
818 West Seventh Street, Suite 930
Los Angeles, CA 90017

HIKMA LABS INC.
c/o CT Corporation System
818 West Seventh Street, Suite 930
Los Angeles, CA 90017

ROXANE LABORATORIES, INC.
c/o CT Corporation System
818 West Seventh Street, Suite 930
Los Angeles, CA 90017

WEST-WARD PHARMACEUTICALS CORP.
c/o CT Corporation System
818 West Seventh Street, Suite 930
Los Angeles, CA 90017